

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 20 1933

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

24854

File No. \_\_\_\_\_  
Registered No. **6266**  
St. \_\_\_\_\_ Ward)

## 1. PLACE OF DEATH

County \_\_\_\_\_ Registration District No. **701**  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City **St. Louis** (No. **6318 West Park av.**)

## 2. FULL NAME

**William Dilcher,**  
(a) Residence, No. **6318 West Park Ave** St., **13** Ward.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Rosa Dilcher,</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>March 4th, 1867</b>		
7. AGE <b>66</b>	YEARS <b>4</b>	MONTHS <b>13</b>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Cabinet maker,</b>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Huttig S. &amp; D. Co.</b>
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.**13. NAME **Unknown Dilcher**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT (ADDRESS) **Mrs. Dilcher**  
**6318 West Park av.,**18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Zion's** DATE **7/20/33.**19. UNDERTAKER (ADDRESS) **Robert J. Ambrose, Inc.**  
**Clayton Road at Concordia Lane.**20. FILED **19 1933**

Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7/17/33.** 1922. I HEREBY CERTIFY, That I attended deceased from **2/1/33** to **7/17/33** 19I last saw him alive on **7/12/33.** 19 Death is saidto have occurred on the date stated above, at **11:30 P.** m.

The principal cause of death and related causes of importance were as follows:

Date of onset

**Chronic Myocarditis**  
**930**  
**94B**  
**94**

Other contributory causes of importance:

**Arteriosclerosis Generalized**  
**Coronary occlusion**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? **Clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:

'Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify **no**(Signed) **Emma Phelan**, M. D.(Address) **5321 Bartmer av.**

